

CLIENT TRACKING FORM

Mathematica Policy Research, Inc.

March 29, 1982

This instrument was developed for the National Long-Term Care Channeling Demonstration. This project was conducted by Mathematica Policy Research, Inc. and Temple University under contract #HHS-100-80-0157 for the Department of Health and Human Services' Office of Social Services Policy (now DALTCP). For additional information about this project, visit the DALTCP home page at http://aspe.hhs.gov/_/office_specific/daltcp.cfm or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. The e-mail address is: webmaster.DALTCP@hhs.gov. The Project Officer was Robert Clark.

CLIENT TRACKING FORM

MPR APPLICANT/CLIENT ID#

3/29/82

CLIENT/APPLICANT INFORMATION

WORKER IDENTIFICATION

NAME: _____
 PERMANENT ADDRESS: _____
 TELEPHONE: _____
 BIRTHDATE: [] [] [] [] [] [] (Mo/Day/Yr)
 PROXY NAME: _____
 PROXY TELEPHONE: _____
 REFERRAL SOURCE: _____

SCREENER: [] [] [] []
 ASSESSOR: [] [] [] []
 1ST CASE MANAGER: [] [] [] []
 2ND CASE MANAGER: [] [] [] []
 EFFECTIVE DATE: [] [] [] [] [] []
 1ST REASSESSOR: [] [] [] []
 2ND REASSESSOR: [] [] [] []
 EFFECTIVE DATE: [] [] [] [] [] []

ACTIONS	DATE (Month/Day/Year)	OUTCOMES * (Circle One)	REFERRED TO *	DATE REFERRED (Mo/Day/Yr)
		SEND COPY OF TF TO MPR FOR BOLD-FACED OUTCOMES		
		o Reason Inappropriate at Screen (Circle One)		
		1 Too Service Dependent 2 Insufficient Disability 3 Insufficient unmet need 4 Age under 65 5 Outside catchment area 6 Not Medicare eligible 7 Other		
I. SCREENING				
* A. REFERRED TO UNIT	[] [] [] []			
* B. SCREENING INTERVIEW		1. INAPPROPRIATE (Circle Reason o) 2. REFUSED 3. UNABLE TO COMPLETE (OTHER) 4. APPROPRIATE	_____ REFERRED TO [] []	[] [] [] []
C. SUPERVISORY REVIEW	[] [] [] []			
* D. RANDOMIZATION DECISION RECEIVED	[] [] [] []	1. CONTROL	_____ REFERRED TO [] []	[] [] [] []
	[] [] [] []	2. CLIENT		
F. SCREEN SENT TO MPR	[] [] [] []			
F. CONTACT ASSESSMENT UNIT	[] [] [] []			
G. SCREEN & TF TRANSFERRED TO ASSESSMENT	[] [] [] []			

COMPLETE SECTION V IF CLIENT DROPS OUT AFTER RANDOMIZATION

ACTIONS	DATE (Month/Day/Year)	OUTCOMES * (Circle One)	REFERRED TO *	DATE REFERRED (Mo/Day/Yr)
---------	--------------------------	----------------------------	---------------	------------------------------

**SEND COPIES OF TF
TO MPR FOR BOLD-FACED
OUTCOMES**

II. BASELINE ASSESSMENT

* A. ASSIGNED TO WORKER. . . [] [] []

* B. OBTAIN INFORMED CONSENT [] [] [] .

{ 1. REFUSED + 2. UNABLE TO COMPLETE (OTHER) + 3. COMPLETE	_____ REFERRED TO [] [] [] [] [] []
	_____ REFERRED TO [] [] [] [] [] []
	_____ REFERRED TO [] [] [] [] [] []

* C. BASELINE ASSESSMENT [] [] [] .

{ 1. INAPPROPRIATE + 2. REFUSED + 3. UNABLE TO COMPLETE (OTHER) + 4. APPROPRIATE	_____ REFERRED TO [] [] [] [] [] []
	_____ REFERRED TO [] [] [] [] [] []
	_____ REFERRED TO [] [] [] [] [] []

D. ASSESSMENT SUMMARY FORM COMPLETED . [] [] []

E. SUPERVISORY APPROVAL. . [] [] []

+ Complete Section V.A.

III. CARE PLANNING

A. ASSIGNED FOR CARE PLAN PREPARATION. [] [] []

* B. CARE PLAN COMPLETED [INCLUDING SUPERVISORY APPROVAL]. . [] [] []

* C. CARE PLAN APPROVED BY CLIENT/FAMILY [] [] [] .

{ 1. REFUSED + 2. ACCEPTED (ACTIVE)	_____ REFERRED TO [] [] [] [] [] []
	_____ REFERRED TO [] [] [] [] [] []

* D. FIRST SERVICE INITIATED. . [] [] []

E. COPY OF TF SENT TO MPR. [] [] []

IV. ARRANGING/MONITORING/REASSESSMENT

SERVICES ADDED OR DELETED

FIRST REASSESSMENT SCHEDULED FOR:	REASSESSMENTS COMPLETED:	DATE	COMMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____